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| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTION (POC)  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>395279</b> | (X2) MULTIPLE CONSTRUCTION:<br><br>A. BLDG: <u>00</u><br>B. WING: _____                                   |                          | (X3) DATE SURVEY<br>COMPLETED:<br><br><b>04/28/2023</b> |
| NAME OF PROVIDER OR SUPPLIER:<br><b>PINECREST MANOR</b><br><br>STATE LICENSE NUMBER: <b>010902</b> |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE:<br><b>763 JOHNSONBURG ROAD</b><br><b>ST MARYS, PA 15857</b>        |                          |   |
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| F 0000   | INITIAL COMMENT   | F 0000   |   |                          |   |
| F 0656   | Based on a Medicare/Medicaid Recertification,<br>State Licensure, and Civil Rights Compliance<br>Survey and an Abbreviated Complaint Survey,<br>completed on April 28, 2023, it was determined<br>that Pinecrest Manor was not in compliance with the<br>following Requirements of 42 CFR Part 483,<br>Subpart B, Requirements for Long Term Care<br>Facilities and the 28 PA. Code, Commonwealth of<br>Pennsylvania Long Term Care Licensure<br>Regulations. | F 0656   |   |                          |   |
| SS=D   |   |  |   |                          |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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| F 0656<br><br>SS=D   | Continued from page 1<br><br>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan<br><br>§483.21(b) Comprehensive Care Plans<br>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -<br>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and<br>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).<br>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.<br>(iv) In consultation with the resident and the resident's representative(s)-<br>(A) The resident's goals for admission and desired outcomes.<br>(B) The resident's preference and potential for future | F 0656   | 1. Resident R2 care plan was updated to include cpap and oxygen at the time of the survey. Resident R91 care plan was updated to include dialysis at the time of the survey.<br><br>2. The facility will complete an audit of all resident care plans that have dialysis, oxygen, and cpap ordered.<br><br>3. All licensed nursing employees will be reeducated on the facility policy titled "Care Plan: Baseline Interdisciplinary Plan of Care."<br><br>4. Audits will be completed by the Director of Nursing or designee on all resident care plans that have dialysis, oxygen, and cpap ordered. These audits will be completed weekly for one month, monthly for two months, and quarterly thereafter. These results will be reported quarterly to the Quality Assurance Performance Improvement Committee. | Completion<br>Date:<br><b>06/26/2023</b><br>Status:<br><b>APPROVED</b><br>Date:<br><b>05/08/2023</b> |   |

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| F 0656<br><br>SS=D   | Continued from page 2<br><br>discharge. Facilities must document whether the resident's<br>desire to return to the community was assessed and any<br>referrals to local contact agencies and/or other appropriate<br>entities, for this purpose.<br>(C) Discharge plans in the comprehensive care plan, as<br>appropriate, in accordance with the requirements set forth<br>in paragraph (c) of this section.<br>§483.21(b)(3) The services provided or arranged by the<br>facility, as outlined by the comprehensive care plan, must-<br>(iii) Be culturally-competent and trauma-informed.<br><br>This REQUIREMENT is not met as evidenced by: | F 0656   | 5. Corrective action date June 26,<br>2023.   |                          |   |
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| F 0656<br><br>SS=D   | <p>Continued from page 3</p> <p>Based on review of facility policy and clinical records, and staff interviews, it was determined that the facility failed to develop a comprehensive care plan for two of 20 residents reviewed (Residents R2 and R91).</p> <p>Findings included:</p> <p>Review of facility policy dated 3/10/23, entitled "Care Plan: Baseline (IPOC [Interdisciplinary Plan of Care])" revealed that "Comprehensive IPOC will be completed by day 21 of stay and updated throughout entire stay."</p> <p>Review of Resident R2's clinical record revealed an admission date of 12/7/22, with diagnoses that included chronic obstructive pulmonary disease (lung disease that results in difficulty breathing), obstructive sleep apnea (sleep disorder that results in a person stopping and starting to breathe while sleeping), and high blood pressure.</p> <p>Observation on 4/26/23, at 1:32 p.m. revealed that</p> | F 0656   |   |                          |   |

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| F 0656<br><br>SS=D   | <p>Continued from page 4</p> <p>Resident R2 was utilizing oxygen at two liters per minute via nasal cannula (tube that goes through the nose used to deliver oxygen) and that Resident R2 had a c-pap (a machine used when sleeping to provide positive airway pressure to treat sleep apnea) that he/she uses nightly.</p> <p>Review of Resident R2's clinical record revealed a physician's order dated 12/7/22, for oxygen administration at two liters per minute via nasal cannula and a physician's order dated 3/28/23, for c-pap on at bedtime and off in the morning.</p> <p>Review of Resident R2's comprehensive care plan on 4/27/23, lacked reference to Resident R2 having sleep apnea or the usage of oxygen and c-pap.</p> <p>During an interview on 4/27/23, at 2:25 p.m. Licensed Practical Nurse Assessment Coordinator Employee E1, confirmed that a care plan had not been developed to address Resident R2's usage of oxygen or c-pap.</p> | F 0656   |   |                          |   |

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| F 0656<br><br>SS=D   | <p>Continued from page 5</p> <p>Review of Resident R91's clinical record revealed an admission date of 2/25/23, with diagnoses that included kidney failure, diabetes, and arthritis.</p> <p>Review of Resident R91's clinical record revealed a physician's order dated 2/25/23, for dialysis (a blood purifying treatment given when kidneys are not functioning properly) three times a week on Monday-Wednesday-Friday.</p> <p>Review of R91's comprehensive care plan on 4/27/23, lacked reference to Resident R91 requiring dialysis.</p> <p>During an interview on 4/27/23, at 10:58 a.m. Registered Nurse Assessment Coordinator Employee E2, confirmed that a care plan had not been developed to address Resident R91 requiring dialysis.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> | F 0656   |   |                          |   |

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| F 0656<br><br>SS=D   | Continued from page 6<br><br>28 Pa. Code 211.11(a) Resident care plan<br><br>28 Pa. Code 211.12(d)(3)(5) Nursing services    | F 0656   |   |                          |   |
| F 0758<br><br>SS=D   |  | F 0758   |   |                          |   |

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| F 0758<br><br>SS=D   | <p>Continued from page 7</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic<br/>Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs.<br/>§483.45(c)(3) A psychotropic drug is any drug that affects<br/>brain activities associated with mental processes and<br/>behavior. These drugs include, but are not limited to,<br/>drugs in the following categories:<br/>(i) Anti-psychotic;<br/>(ii) Anti-depressant;<br/>(iii) Anti-anxiety; and<br/>(iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the<br/>facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic<br/>drugs are not given these drugs unless the medication is<br/>necessary to treat a specific condition as diagnosed and<br/>documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs<br/>receive gradual dose reductions, and behavioral<br/>interventions, unless clinically contraindicated, in an effort<br/>to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs<br/>pursuant to a PRN order unless that medication is<br/>necessary to treat a diagnosed specific condition that is<br/>documented in the clinical record; and</p> | F 0758   | <p>1. Resident R75's PRN Ativan was<br/>discontinued at the time of the<br/>survey due to the resident not using<br/>or needing the mediation.</p> <p>2. The facility will complete an<br/>audit of all residents ordered PRN or<br/>as needed psychotropic medications<br/>to ensure that there is a stop date of<br/>no more than 14 days after the order<br/>was placed or a clinical rationale for<br/>continued use.</p> <p>3. All licensed nursing employees<br/>will be reeducated on the facility<br/>policy titled "Psychotropic<br/>Medication Review and Gradual<br/>Dose Reduction."</p> <p>4. Audits will be completed by the<br/>Director of Nursing or designee on<br/>all residents ordered PRN or as<br/>needed psychotropic medications.<br/>These audits will be completed<br/>weekly for one month, monthly for<br/>two months, and quarterly thereafter.<br/>These results will be reported<br/>quarterly to the Quality Assurance<br/>Performance Improvement</p> | <p>Completion<br/>Date:<br/><b>06/26/2023</b><br/>Status:<br/><b>APPROVED</b><br/>Date:<br/><b>05/08/2023</b></p> |   |



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| F 0758<br><br>SS=D   | Continued from page 8<br><br>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.<br><br>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.<br><br>This REQUIREMENT is not met as evidenced by: | F 0758   | Committee.<br><br>5. Corrective action date June 26, 2023.  |                          |   |
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| F 0758<br><br>SS=D   | Continued from page 9<br><br>Based on review of clinical records and facility policy and staff interview, it was determined that the facility failed to provide a clinical rationale for the continued use of a PRN (as needed) psychotropic (affecting the mind) medication beyond 14 days for one of 19 residents reviewed (Resident R75).<br><br>Findings include:<br><br>Review of a facility policy entitled, "Psychotropic Medication Review and Gradual Dose Reduction" dated 3/10/23, indicated that the use of PRN psychotropic medications (which are not antipsychotic) will be limited to 14 days unless a longer timeframe is deemed appropriate by the attending physician/prescriber, PRN psychotropic medications ordered must have the prescribing practitioner document the specific condition and indication for use in the clinical record, and all PRN extended psychotropic medications ordered will be discontinued after seven days unless the appropriate rationale is documented. | F 0758   |   |                          |   |

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| F 0758<br><br>SS=D   | <p>Continued from page 10</p> <p>Review of Resident R75's clinical record revealed an admission date of 2/17/23, with diagnoses that included Alzheimer's dementia (brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks), memory impairment, anxiety, and depression. The clinical record revealed a physician's order dated 2/17/23, for Alprazolam (Xanax-medication to treat anxiety) 0.25 milligrams (mg) twice daily by mouth PRN for anxiety, that lacked the required stop date within 14 days or a clinical rationale for continued use beyond 14 days.</p> <p>Resident R75's clinical record revealed that the PRN Xanax was administered twice in February, and eight times in March 2023.</p> <p>During an interview on 4/27/23, at 2:25 p.m. Licensed Practical Nurse Assessment Coordinator Employee E1 confirmed that there wasn't a 14-day stop date if there wasn't one in the order.</p> | F 0758   |   |                          |   |

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| STATEMENT OF DEFICIENCIES AND<br>PLAN OF CORRECTION (POC)  |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>395279</b>                         | (X2) MULTIPLE CONSTRUCTION:<br><br>A. BLDG: <u>00</u><br>B. WING: _____                                   |                          | (X3) DATE SURVEY<br>COMPLETED:<br><br><b>04/28/2023</b> |
| NAME OF PROVIDER OR SUPPLIER:<br><b>PINECREST MANOR</b><br><br>STATE LICENSE NUMBER: <b>010902</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE:<br><b>763 JOHNSONBURG ROAD</b><br><b>ST MARYS, PA 15857</b> |   |                          |   |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY<br>MUST BE PRECEDED BY FULL REGULATORY OR LSC<br>IDENTIFYING INFORMATION)   | ID<br>PREFIX TAG   | PROVIDER'S PLAN OF CORRECTION (EACH<br>CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE | (X5)<br>COMPLETE<br>DATE |   |
| F 0758<br><br>SS=D   | Continued from page 11<br><br>During an interview on 4/28/23, at 9:55 a.m. the<br>Nursing Home Administrator confirmed that<br>Resident R75's order for PRN Xanax lacked the<br>required 14-day stop date and a clinical rationale<br>documented by the physician to extend the PRN<br>stop date past the required 14 days.<br><br>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services | F 0758   |   |                          |   |



# Certified End Page

**PINECREST MANOR**

**STATE LICENSE NUMBER: 010902**

**SURVEY EXIT DATE: 04/28/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY